

Please complete if I did not prepare your prior year tax returns **or if there have been any changes**. If you are a new tax client, please provide a copy of your federal, state and local (if applicable) returns for the three previous years.

Taxpayer's Name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
City County State Zip Code School District

Contact Information

Telephone Number (Taxpayer)

Telephone Number (Spouse)

Home (\_\_\_\_) \_\_\_\_\_

Office (\_\_\_\_) \_\_\_\_\_

Office (\_\_\_\_) \_\_\_\_\_

Email (T) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Email (S) \_\_\_\_\_

Taxpayer: Date of Birth \_\_\_\_\_

Blind? Yes No

Spouse: Date of Birth \_\_\_\_\_

Blind? Yes No

Dependent Children Who Lived With You:

Please include full name, social security number, relationship, and date of birth

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Other or additional dependents: Please include full name, social security number, relationship, and date of birth. If OTHER, also number of months resided in your home, and percentage of support furnished by you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_